

**UConn School of Dental Medicine Post-Event Report for an Industry-Related Event**

[Submit to Ms. Jennifer Lindquist at [jlindquist@uchc.edu](mailto:jlindquist@uchc.edu), by inter-office mail code 3905 or in person to suite AG030 within 4 weeks after completion of industry-related event.]

**Faculty Sponsor and Event Information**

Name of Faculty Sponsor: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Place of Event: \_\_\_\_\_

**Please check the box next to the statement that most closely reflects your opinion.**

1.) The information provided was appropriate for the stated purpose of the event.

Strongly Agree                  Agree                  Neutral                  Disagree                  Strongly Disagree

2.) The level of the presentation was appropriate for the intended audience.

Strongly Agree                  Agree                  Neutral                  Disagree                  Strongly Disagree

3.) The presentation was unbiased and conclusions were supported by scientific evidence.

Strongly Agree                  Agree                  Neutral                  Disagree                  Strongly Disagree

**Please answer the following questions:**

1.) To your knowledge, were any of the assurances in the pre-approval application **NOT** met?

If yes, please explain.

Yes      No

\_\_\_\_\_  
\_\_\_\_\_

2.) To your knowledge, was there any other **NONCOMPLIANCE** with the SDM policy on industry interactions?

If yes, please explain.

Yes      No

\_\_\_\_\_  
\_\_\_\_\_

**Please add any additional comments you would like to make.**

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\_\_\_\_\_